| Case 3:7  1 2 3 4 5 6 7 8 9 10 11 12 13 14 | IN THE UNITED STATES DISTRICT COURT FOR THE DISTRICT OF NEVADA  UNITED STATES OF AMERICA. Plaintiff,  WALKER RIVER PAIUTE TRIBE, Plaintiff-Intervenor, vs.  WALKER RIVER IRRIGATION DISTRICT, a corporation, et al.,  NOTICE OF APPEARANCE AND INTENT TO PARTICIPATE  1. I hereby enter my appearance in this sub-proceeding in this case. 2. I am filing this document with the District Court at the following address: Chief Deputy Clerk United States District Court for the District of Nevada |  |
|--|--|--|
| 17<br>18                                   | 3. In the envelope provided for return of my Waiver of Service of Notice in Lieu of Summons, I am mailing a copy of this document to:  Susan L. Schneider  |  |
| 19<br>20<br>21                             | Attorney for the United States of America United States Department of Justice Environment & Natural Resources Division P.O. Box 756 Littleton, Colorado 80160  |  |
| 22   | 4. I (or the entity on whose behalf I am acting) will retain all defenses or objections  |  |
| 23   | to the lawsuit or to the jurisdiction or venue of the court except for objections based on a defect  |  |
| 24   | in the Notice in Lieu of Summons or in the service of the Notice in Lieu of Summons.   |  |
| 25   | 5. If I (or the entity on whose behalf I am acting) have retained an attorney to represent   |  |
| 26   | me in these proceedings. I identify that attorney below, along with his or her mailing address, telephone number, and facsimile number:  |  |
| 27   |  |  |
| 28   | NOTICE OF APPEARANCE AND INTENT TO PARTICIPATE, page 1 of 2  |  |

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| 1  | Attorney:     |  |
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| 6  | Phone Number: |  |
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| 9  |               | (Signature)                                  |
| 10 |               | TITME  |
| 11 |               | Joseph I. Madrick<br>(Printed or typed Name) |
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| 14 |               | (Entity, if any, on whose                    |
| 15 |               | behalf you are appearing)                    |
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| 17 |               | (Address)                                    |
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